AGE should be stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

See instructions on back of

TION is very important.

should state of OCCUPA-

PHYSICIANS Exact statement

STATE OF MARYLAND-	CERTIFICATE OF DEATH 09284
1. PLACE OF DEATH	(92)
County Calvert with the	Registration Dist. No. 3
Village or City Che. Beath	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles amende	The same of the sa
(a) Residence: No. Olean Belling (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEFORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mes Cursuall	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19, death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8390 m.
35 ? 1 day,hrs	The state of follows:
9 Trade profession or postinular	Telled y lightning Date of onset
kind of work done, as SPINNER SAWYER, BODKKEEPER, etc. 9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
S. Hade, profession, or particular find of work done, as SPINNER SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spant in this occupation	
10/	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLEINED) fill is also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide Date of injury 27, 19
17. INFDRMANT Registrictive Leave	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Simulation Date , 19	Manner of Injury
19. UNDERTAKER WH Hactchers	24. Was disease or Injury in any way related to occupation of deceased?
2D. FILED Augst 79921 WHH Hardesty Registrar.	(Signed) M. D. (Address) Deciry J.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. N. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 3 4 11	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		A	

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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WILL TE, THE UNITADING INN-IHIS IS A FERMAN	N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate.	
Contract of the Contract of th	i,	
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PLACE OF DEATH	09285 STATE OF MARYLAND
County Calvers	GR-W CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City Sand Cook 2FULL NAME Mellin Henry	St.: Ward) St.: Ward) Oauteu (If death occurred i a hospitel or Institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male WK, /2 SINGLE, MARRIED, WIDOWED. OR DIVORGED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH St. 15. Sts. (Month) (Day) (Year)	that I last saw h Malive on 192
S Lyrs. 1 mos. ds. If LESS than I day hrs. or min.)	and that death occurred on the date stated above, at
a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Jys mos de
9 BIRTHPLACE (State or country) alvait Co. M.O.	Contributory Secondary (Duration) yrs
10 NAME OF FATHER Don't Know	(Signed July) (Address) Slow Car & MI
II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
T 12 MAIDEN NAME OF MOTHER ()	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) / NOZ. M. Dowen	Former or usual residence
(Address) Berslaus Me	Bater's Removal DATE OF BURIAL REMOVAL DATE OF BURIAL REMOVAL REST. 19
15 Filed aug 27 1923/ AClay Buist	a. a. Harbeness Mulual M
If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from er," etc., Without more pourse, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, Housemaid, ctc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never rcturn "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enworked on may form part of the second statement Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(letanus) may be stated under the head of "contributory." approved by Committee on Nomenclature (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Wenkness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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17. INFORMAN (Address) 18. BURIAL

19. UNDERTAKER

20. FILED______ Registrar.

Manner of injury Neture of injury 24. Was disease or injury in any way related to occupation of deceased?

Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of dea of importance were as foll	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ogo
Cerebrol hemorrhage	67. 17	July 5,1927	Peritonitis	3 days ago
	to the time of	140		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		Moy 1,1923	Gastroenteritis	1 yeor

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1PLACE OF DEATH	09287 STATE OF MARYLAND
County Calvert	CERTIFICATE OF DEATH
0.0	Registration Dist. No.
Village or City & Samono (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH CLIQUES 29, 192/ (Month) (Year) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Signth) (Day) (Year	
7 AGE If LESS than	
yrsmosds. ormin.	
(a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mas ds.
9 BIRTHPLACE (State or country) Mansland	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF PLU Edin Dean 10 11 BIRTHPLACE	(Sped) Ce Significant M. D. M.
OF FATHER (State or country) Manylauf	Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Usa Magherity	18 LENGTH OF RESIDENCE (For hiospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Elsa Dean E.f.	Former or usual residence
(Address) Islammo mid	folomonolig 1/293/
Filed 1931 h) Establish	Tuo Edw. Naw Jolomon ke
If more banks are needed, address State Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," "Manager," 'Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foremon, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm. luborer, Laborer-Coul mine, etc. (b) Cotton mill; (a) Sulesman, (b) Grocery; mon, (b) Automobile foctory. The material without more precise specification as Day Compositor, For persons who have no occupation Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> "Exhaustion," "Heart " " Old Age, stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage "Puerperal septicaemia," "Puerperal peritonitis," can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Annemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condietc. valvular heart The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

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BINDING	PERMAN	should be sur It may be press on back of
MARGIN RESERVED FOR BINDING	WRITE PL. LY, TH UNFADING INK-THIS IS A PERMAN'T LORD	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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	WRIT	BEvery iter CIANS SI statemen
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V. S. No. 1

	PLACE OF DEATH	09288	STATE OF	MARYLAND
	County Colvers	92-0	CERTIFICATI	E OF DEATH
			Registration	Dist. No. 30
	Village or City Owellow.		St: Ward	(If death occurred in a hospital or institution, give its NAME it.
	2FULL NAME lus hatelde	pue 1)	you	stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH	Month	(Day) (Year)
	DATE OF BIRTH (Month) (Day) (Year)	that I last say h &	CERTIFY, That I at	rended the deceased from
	7 AGE Slyrs. 4 mos. 20 ds. or min.?		red on the date state	84.
	8 OCCUPATION (a) Trade, profession or particular kind of work			
	(b) General nature of industry business, or establishment in which employed or (employer)		(Duration)	C_yrsds.
	9 BIRTHPLACE (State or country) Colorers Co. 10.	Contributory Secondary	(Duration)	
	10 NAME OF FATHER Jun 1000 Son	(Signod) O	Juany 6	Juarles MS
	OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 BIRTHPLACE OF FATHER (State or country)	*State the Di Violent Causes, st Accidental, Suicidal	(Address) Death ate (1) Means of I or Homicidal.	or, in deaths from njury and (2) Whether
	of MOTHER 13 BIRTHPLACE		SIDENCE (For Hosp	itals, Institutions, Trans-
	(State or Country) Vorches len Co., M.	At place of deathyrsm	racted.	teyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of deat Former or usual residence	h?	
	(Address)	19 PLACE OF BURIA	L OR REMOVAL	DATE OF BURIAL
	15 / - 17 181 XN Po 18 40 A	20 UNDERJAKER	///X:	ADDRESS
	Fileding // 190/ - A Small Registra	6.8. N.	pon	Holomm.nd
1	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., I	Balto., Requesting V.	5, No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) tion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Carc should be taken Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condietc. The contributory " "Convulsions,

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Stated EXACTLY, properly classified Registration Dist. No. (If death occurred in Ward) a hospital or institucertificate tion, give its NAME in of street and **2FULL NAME** number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. pe may be n back WIDOWED OR DIVORCED (Write the word) (Month) 6 DATE OF BIRTH HEREBY CERTIFY. That I attended the deceased hat (Month) that I last saw h .. Last alive (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, I day hrs. The CAUSE OF or ...min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in UNFADING (Durstion) which employed or (employer) 9 BIRTHPLACE Secondary (State or country) (Durstion) 10 NAME OF (Signed) FATHER (Address) II BIRTHPLACE OF FATHER *State the Disease Causing Death, or, In Violent Causes, state (1) Means of injury and RENT deaths from CAU (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place of death In the OF MOTHER mos (State or Country) O Where was disease contracted, CIANS shoul statement of if not at place of death?. Former or anaus S BURIAL AN (Address) ADDRESS egistrar

If more branks are needed, address state Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway train-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valuular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Uraemia, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiperilonaeum, etc., Carcinoma, Sarcoma, etc., ol "" "Weakness," etc., when a definite disease

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V. S. No. 1	M	N. BEvery Item of Information should be control of the control o

PLACE OF DEATH	19290 STATE OF MARYLAND
County Calvert	CERTIFICATE OF DEATH
1	Registration Dist. No. 5/
	regionation poet 170,
Village or City Well als huw (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Mlany Occ	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
Dal WIDOWED, Current	1927
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
ucy 1, 1931	Jacquelan allend
/ (Month) (Day) (Year)	that Flast saw h alive on 192,
7 AGE IfLESS than I day 4 hrs.	and that death occurred on the date stated above, at
yrsmosds. ormin.?	The CAUSE OF DEATH * was as follows:
OCCUPATION	Dur 3 to 0/6-
(a) Trade, profession or particular kind of work	
(b) General nature of industry	Ott. J. K.
business, or establishment in 7/ which employed or (employer)	(Durstion)yrs ds.
9 BIRTHPLACE	Contributory
(State or country)	Secondary
I 10 NAME OF ()	(Duration) yrs mosde,
FATHER Codeward Wills	(Signed) M. D.
0 11 BIRTHPLACE	(Address) New Grand
OF FATHER Z (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Lalu Cemen on	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country)	of deathyrsmosds. Stateyrstnosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MYKNOWLEDGE	if not at place of death?
Telesce Ourson	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Decis der Kasel	The Act ope Church any 1, 1931.
15 // ////	20 UNDERTAKER ADDRESS
Filed Court 1973 A Charles Registrar	For Occurson Sur deflucid
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (readditional line is provided for the latter statement; it should be used only when needed. As examples: (a) or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdcfinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important Example: Measles (disease Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. use of "Tumor" for malignant neoplasins); Mcasles; (secondary or intercurrent) affection need Whooping ····· (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of chopneumonia (secondary), etc. The contributory

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PLACE OF DEATH County alvert	STATE OF MARYLAND CERTIFICATE OF DEATH
W·	Registration Dist. No. 5/
Village or City Wilson (No	St.: Ward) (If death occurred in a hospit.) or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Lolor or RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) 1 3/ (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS the 1 day hr	78. The CAUSE OF DEATH * was os follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Durstion) yrs. mos de
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Division) yis mos. ds.
11 BIRTHPLACE OF FATHER OF FATHER (State or country) 12 ONAME OF FATHER WARNING MARKETON STATE (State or country)	(Signed) #State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place in the of death yrs
(Informant) Warren Sarman	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Wilson	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
Filed lug 19 1923 William Registrar	"/Aslanco lewift Dis

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servout, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the toborer, er," ctc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon. nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Farm luborer, Laborer-Coul mine, etc. Wom-Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Stationary firemon, etc. But in many Locomotive engineer, (b) The ques-Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Agc," "Shock," stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide: Poisoned by causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic ocid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Never report mere symptoms or terminal condiinterstitiol nephritis, Chronic valvular heart disease etc. The contributory Measles; death

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CORD. Every item of infor-

STATE	OF	MARYL	AND-	CERT	IFICAT	E OF	DEATH

Langth of residence in city or town where 6sth occurred yrs mos. ds How long in U.S. if of foreign birth? yrs. was detailed above, at yrs. if u.S. if of foreig	should state	1. PLACE OF DEATH County Calvert Village or City Canada	Registration Dist. No. 52. No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)	
Sa. If married, widowed, or divorced HUSBANO of (or) WIFE	70	2. FULL NAME Merch 1 (a) Residence: No. 1	ds. How long In U.S. if of foreign birth?yrsmosds. St., Ward.	
Sa. If married, widowed, or divorced HUSBANO of (or) WIFE	PF	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupetion (month and year) Other Coatributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an aulopsy?	Y.	(St. D. VORCED (swite the ford)	(13) 193 ()	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupetion (month and year) Other Coatributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an aulopsy?	(A C T lassifie	HUSBAND of		
HBY Vear) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy?	should be stated E it may be properly on back of certificate.	7. AGE Years Months Days If LESS than 1 day,	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: Date olonset	
Neme of operation Value 14. Birthplace (city or town) Neme of operation Value 15. Malpen Name Was there an autopsy? Value 15. Malpen Name Was there an autopsy?		12. BIRTHPLACE (city or town)		
15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide: (State or country) Where did injury occur? (State or country) Where did injury occur?	sur in to	13. NAME 14. BIRTHPLACE (city or town)	Neme of operation	
PA 17. INFORMANT	ld be carefu DEATH in y important	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or county) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide: Accident, suicide, or homicide: Date of injury - 1.5, 19	
Manner of injury	E E			
Place Date 19 Nature of injury 19. UNDERTAKER Wilson Sewell 24. Wes disease or injury in any way related to occupation of deceased? 20. FILED Avgs17,1931 W.H. Hardsoff Registrat. (Address) (Address) (Address)	mati CAI TIO	(Address)	(Signed) Y Mary M. D.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, pap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	Service Con-
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	28		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
				,		

	PLACE OF DEATH	09293 STATE OF MARYLAND
ľ	County Calvers	CERTIFICATE OF DEATH
		93-C Registration Dist. No. 5
	Village or City Fusly (No.	St.: Ward) (If death occurred in a hospital or institu-
	2 FULL NAME audrew oh	tion, give its NAME is stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 64 5	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED Married WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 3 1999/ (Month) (Day) (Year)
	6 DATE OF BIRTH (Conth) (Day) (Year	that I last saw h M alive on Que 2 , 192
	7 AGE If LESS than I dayhrs. ormin.?	The CAUSE OF DEATH * was as follows:
111	(a) Trade, profession or particular kind of work (b) General nature of industry	Chronic Myseordules.
-	Jusiness, or establishment in hich employed (r (employer)	(Duration) yre mas de
	9 BIRTHPLACE (State or country) Manyloud	Contributory Secondary (Durstion) 7 yrs. mos. 7 de
	10 NAME OF Robert Johnson	(Signed) E. S. Costar M. D. Ong 3 1931 (Address) Solomons med
	OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causs, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal.
	of Mother and Welms	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) John Johnson	Former or usus residence
	(Address) 15 Filed Oug 3 19231. A Callosto / Registra)	20 UNDERTAKER LIFON SOMEONSIM
	If more banks are needed, addruss State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: 'o additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work cases, especially in industrial employments, it is neces-Civil engineer. Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Sertant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return 'Laborer," "Foreman," "Munager. worked on may form part of the second statement. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons enet., Witnout more recr. Farm lattorer, Laborer-Coal mine, etc. For many occupations a single word or term on yr.8). without more precise specification as Day For persons who have no occupation Stationary framan, etc. But in many Locomotive and also (b) the engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discase. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,").

stated unless important. telanus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms; Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train Whooping "Atrophy," "Collapse," "Coma," "Convulsions Never report mere symptoms or terminal condicough; Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory valrular heart Nomenclature disease;

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V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as μay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (ne or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, etc. The contributory

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH		
state UPA-	1. PLACE OF DEATH			
ould stab	County Caluart	Registration Dist. No. 52		
should of	Village or City (les. Deal	ND. St., Ward		
9		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mrsmosds.		
PHYSICIANS act statement	2. FULL NAME / Chillaters Mewrien	e		
3IC ate	(a) Residence: Np. 4	St, Ward.		
St	(Usual place of abode)	If nonresident give city or lown and State		
. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
X	3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (which word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) 2 7 (Day) (Year)		
X A C T I	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from		
• 0	6. DATE OF BIRTH (month, day, and year) July 20, 1888	I last saw h Lua alive on , 19 ; death is sald		
stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at Solom. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:		
be sta	8. Trade, profession, or particular kind of work done, as SPINNER declaring SAWYER, BODKKEEPER, etc.	Date of onset		
should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	or one of the second		
t it	10. Date deceased last worked et this occupation (month and year)			
pplied. AGE erms, so that instructions	12. BIRTHPLACE (city or town)	Other Cuntributary Causes of Importance:		
	(State or country)			
plio erm inst	13. NAME Van Veryneyer			
illy supplied plain terms, . See instru	13. NAME V La Very 14. BIRTHPLACE (city or town) Selections	Neme of operation Date of		
lly slai	(State of country)	What test confirmed diegnosis? Was there an aulopsy?		
in ant	16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
F 0	State or country)	Where did injury occur?		
should be can OF DEATH s very import	17. INFORMANT Cachie Gleaner (Address) 15-16 3-1-8-14 E	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
	18. BURIAL, CREMATION, DR REMOVAL	Manner of injury		
	Place lleg 29-1931 Date le uvo de 19	Nature of Injury		
mation s CAUSE TION is	19. UNDERTAKER WH Hathers	24. Was disease or injury in any way related to occupation of deceased?		
F	20. FILED. Augst 2, 831 WH Harder Registrar.	(Signed) M. D. (Address) M. D.		
()		2ATT N. Charles Street Baltimore Requesting 9) S. No		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related caus of importance were as follows: Arterioselerosis	es Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAUV	.9.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones M		Gastroenteritis	1 year	

ADDITIONAL	SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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PLACE OF DEATH County Dalunt	OS296 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 5/
Village or City Dwurgs (No	St.: Ward) (If death occurred in a hospitel or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Aug 23, 1981
6 DATE OF BIRTH May 30, 1960 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1924. to Que 2 3, 1984. that I last saw her alive on Que 2 3, 1924,
7 AGE If LESS than I day hrs. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	The CAUSE OF DEATH * C.II
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondery Durstion) Transmission Contributory Secondery Transmission Transmission Contributory Secondery
10 NAME OF FATHER Churles Maas 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Billis Elless Maas	(Signed) M. D. *State the Disease Causing Death, or, in deaths from Volent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs mos, ds, State yrs mos, ds, Where wes disease contracted, if not at place of death?
(Address) Owing (Address) Owing Filed aug nof 1937 Julielle Registrar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Presidence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ALLY ZJ., 193/ 20 UNDERTAKER ADDRESS ADDRESS Decle Los January Los

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., war-lahorer, Farm laborer, and are state occupation at beginning of illness. If retired from whatever, write None. or given up on account of the DISEASE CAUSING DEATH. laborer, Farm laborer, Laborer—Coal mine, etc. wom-en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmer (re gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). (b) Cotton mill; (a) Salcsman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons (b) Automobile factory. The material If the occupation has been changed who have no occupation (6) The ques-Grocery;

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telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Enhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Hacmorrhage, tions, such as "Asthenia," "Anaemic" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, stited unless important causing death), 29 ds.; L. chopneumonia (secondary), (Recommendations on statement of cause of death (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., ot Never report mere symptoms or terminal condi-""Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory valvular heart discase; Nomenelature

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PLACE OF DEATH	09297 STATE OF MARYLAND
County Calant	CERTIFICATE OF DEATH Registration Dist. No. 5/
Village or City Occasion (No. Race)	St.: Ward) St.: Ward) a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Monch) (Day) (Year)	that I last saw h
7 AGE If LESS than I day hrs. yrs. 2 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Justo Tecles Lis (Durstion) yrs. mos. 7 de
9 BIRTHPLACE (State or country)	Contributory Secondary A M. Duration yrs mosde
10 NAME OF CALLER CONTROL CONTROL OF THE CONTROL OF CALLER CONTROL	(Signed) 1 Miles Surface M. C.
C State or country) 12 MAIDEN NAME 12 MAIDEN NAME	7*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Lachel Amilk 13 BIRTHPLACE OF MOTHER (State or country) MAN	ients or Recent Residents) At place In the of death yrs description de. State yrs description de.
(Informant) Eugene Ruedall	if not at place of death? Former or usual residence
(Address) Paris	Is place of Burial OR REMOVAL DATE OF BURIAL OR SUNDER Churche aug 75, 19.3.
15 Filed Aug 2 1924 Meitele Registrar	Jalen Smith Drongs
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census ɛnd American Public Health Association.)

tired 6 yrs). Spinner, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Womor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Carc should be taken sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Compositor, Architect, For persons who have no occupation (6) Automobile factory. The material Locomotive Grocery, engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

American Medical Association. approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage "PUERPERAL septicacmia," "PUERPERAL perilonitis," Examples: Accidental drowning; Struck by railway trainand qualify as accidental, suicidal or homicidal, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. hopneumonia (secondary), stited unless important (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS STATE MEANS OF INJURY Never report mere symptoms or terminal condi cough; Chronic Example: Measles (disease valvular heart disease; etc. The contributory

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EVERY

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V. B. No.

	County Calvert	09298 STATE OF MARYLAND CERTIFICATE OF DEATH	
ceruncate.	Village or City Mutual (No.	Registration Dist. No. 50	
	2FULL NAME annie Vija	St.: Ward) a (If death occurred in a hospit or invitution, give its NAME instead of street and number.)	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
ack of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)	
uo su	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That attended the receased from	
0110	(Month) (Day) (Year) 7 AGE (If LESS than	and that death occurred on the date stated above, at	
nus	/ 7 / / / l dayhrs.	The CAUSE OF DEATH * was as foll ws:	
2000	b occupation	Part land	
	(a) Trade, profession or Somustic	May he allongourally	
	(b) General nature of industry		
19	business, or establishment in which employed or (employer)	(Duration)vrs mos ds.	
2	9 BIRTHPLACE (State or country)	Contributory Secondary (Durlion) yrs mos de.	
A DA	FATHER Lerry Me Guides,	(Signed) M. D.	
2	OF FATHER Z (State or country)	*State the Liseuse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether	
	of MOTHER Sligabeth ?	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-	
	13 BIRTHPLACE OF MOTHER (State or country) M.	ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds.	
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
	(Informant) Bessy Freeman.	Former or usual residence	
	(Address) Palta Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL HUG3, 1921.	
	Filed Of us 3 192 31 De Carp Brancisco	Wy Lood Sare	

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scruant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary,, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-Housemaid, etc. household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Forcman, For many occupations a single word or term on or At Home, and children, not gainfully emm8). Farm laborer, For persons who have no occupation If the occupation has been changed Laborer--Coal minc, etc. person, irrespective of

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dinhtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-..... 'name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sorcoma, etc., of FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory valvular heart discase; not be

If this certificate is looked over thoroughly and al qu stians answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B.-Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact MARGIN RESERVED FOR BINDING TH UNFADING INK---THIS IS A PERMAN WRITE PLA 4. S. No. 1

	PLACE OF DEATH	19299 STATE OF MARYLAND
	County Calvery	CERTIFICATE OF DEATH
	County	Registration Dist. No. 50
	Ose Paix	
	Village or City OV CON (No.	St.: Ward) (If death occurred in a hospital or institu-
are	251111 NAME Mary Elizabe	the off street and
120	2FULL NAME / / Cory Congar	number.)
Cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH
Y C	Temple Write WIDOWED. OR DIVORCED THES	9 , 1020/
pad	(Write the word)	(Month) (Day) (Year)
Ĕ	6 DATE OF BIRTH	in a l
8	Sent. 12 ,856	Carlor in Charge 192.
ou	(Conth) (Day) (Year	that I last saw hnlive on
lot	7 AGE 74 [If LESS than	and that death occurred on the date stated above, atm,
str.	75 10 To I dayhrs.	The CAUSE OF DEATH * was as follows:
<u>u</u>	yrs. mos, & ds. or min.?	at of to the
00	B OCCUPATION (a) I rade, profession or	ano negg.
S	particular kind of work	- A
ant	(b) General nature of industry business, or establishment in	(Duretion) yrs & Kours
orte	which employed (r (employer)	Contributory / Lease la la acad
mpd	9 BIRTHPLACE (State or country)	Secondary / William
- n	Townspood	(Duration) yrs mos de,
ery	FATHER POLICE TO THE PROPERTY OF THE PROPERTY	(Signed) O Signed MyD.
> 0	11 BIRTHPLACE	8/9 1931 (Address) & Nomono, mg
Z	OF FATHER	*St. te the Discaso Causing Death, or, in deaths from
0	Z (State or country) / / Cory Cord	*State the Discaso Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
AT	Y 12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
2	13 BIRTHPLACE	ients or Recent Residents)
CCC	OF MOTHER	At place of deathyrsmosds. Stateyrsmosds.
0	(State or country)	Where was disease contracted, if not at place of death?
0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
en	(Informant) Thomas T. Turnes	usual residence.
statemen	(Address) One Frink med,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 8/0 3/.
sta	51 SINVIII -1	20 UNDERTAKER / ADDRESS
	15 Filed 8/9 198/.0/ La frate/.1	Gow- hemplereen Come Forth
	Registrai	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	If more blanks are needed, address State Kegistrar.	In at maiataka ned marcal madecarity at my time at

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Cool mine, etc. fulness of various pursuits can be known. The questired 6 yrs). Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Physician, Compositor, household only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Sulesman. (b) Grocery: man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. Architect, Locomolive engincer, But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,").

tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The niture of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonilis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart samus," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy." "Collapse," "Conra," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Whooping cough; Chronic volvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., scpsns, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease approved by Committee on (Recommendations on statement of cause of death unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train Never report mere symptoms or terminal condi-Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe duta is essential and must be obtained before the certificate is permanently filed.

CORL. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 19300	
1. PLACE OF DEATH	· (P3)	
County Gener	Registration Dist. No. 52	
Village or City Clee. Beach	NoSt.,Ward	
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrs,mos,ds.	
01 17/		
2. FULL NAME Chung Storpe	0	
(a) Residence: No. 7/9 - Want Diace (Abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED WIDOWED, OR DIVORCED (2011) The word)	21. DATE OF DEATH (Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from	
1.1.04	l last saw h. Last ve on 19 death is said	
6. DATE OF BIRTH (month, day, and teat) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3	
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	were as follows.	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		
9. Industry or business in which	(lee ella tel	
work was done, as SILK MILL, SAW MILL, BANK, etc		
0. Date deceased last worked at this occupation (month and year) spart in this occupation crupation		
Journal of the second of the s	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)		
E TONG		
[14. BIRTHP(ACE (city or town) Constitution (State or country)	Name of operation Date of Was there an autopsy?	
15. MAIDEN NAME & LINE DELLE TARRESTER	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy? Was there are autopsy? Was there are autopsy?	
15. MAIDEN NAME 6. Lyables Thursday 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide.	
State or country)	When did in war and like a little of	
Balk Charles	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, is HOME, or in PUBLIC PLACE.	
17. INFORMANT (Address 1) 1) Warrer of Under	fully flace	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Wash De Date aug. 16, 1931	Nature of injury	
19. UNDERTAKER AD ALL OF Wash OC Wash OC	24. Was disease or Injury in any way related to occupation of deceased?	
20. FILED Aug St. 41931 W. H. Hardeshy Registrar.	(Signed) M. D. (Address)	
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
180			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones AUG 2	May 1,1923	Gastroenteritis	1 year
The state of the s			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA-CORD. Every stem of infor-AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. -WRITE PLAINLY, m

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH County Count	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Learning Comments of the Control of	1. PLACE OF DEATH	
Length of residence in city or topfi where death occurred yts mos ds. Most John in U.S. If of foreign birth? yts mos ds. Most John in U.S. If of foreign birth? yts mos ds. Most John in U.S. If of foreign birth? yts mos ds. Most John in U.S. If of foreign birth? yts mos ds. Most John in U.S. If of foreign birth? yts mos ds. Most John in U.S. If of foreign birth? yts most John in U.S. If the was due to external causes (VIOLENCE) fill in lebs the followi	County Colvert	Registration Dist. No. 52
Langth of residence in city or town where death occurred. yrsmosds. 2. FULL NAME	Village or City Ches. Beach	
2. FULL NAME (a) Residence: No. (b) St., Ward. FERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE 5. SISCIE MARKED, WIOWED, WINDOWSO, OR WINDOWS		
(a) Residence: No. (Usualpiace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED STATISTICAL PARTICULARS 2. DATE OF DEATH 2. DATE OF DEATH (Month) (Day) (Month) (Day) (Vear) 193 (Vear) 194 195 1 HER EBY CERTIEV. That I altereded deceased from 197 104 105 1 HER DATE OF DEATH 1 day. 1 Install wh. 1 Install wh. 1 day. 1 Install wh. 1 Install wh. 1 day. 1 Install wh. 1 Insta	7/2 11	and the
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIOWED ON HYDROGODY PURE DEVONCE) (Wonth) 193 (Year) 21. DATE OF DEATH 22. I HE REBY CERTIEY. That I attended deceased from 197 (Nonth) 193 (Year) 194 (Addition of work done as SINNER Methods of Work and as SINNER Methods or Country) 8. Fracts, protection, or particular work was done as SIK MILL. SAW WER, BOOKKEPPER, etc. 9. Industry or business in which work was done as SIK MILL. SAW WILL, BANK, etc. 10. Outer deceased last worked of ward one as SINNER Methods or Country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MANDE Mark Place (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BIRTHPLACE (city or town) (State or country) 19. Market Country What test confirmed diagnosis? Name of oparetion. What test confirmed diagnosis? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) M. D. 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. Undertaker (Signed) M. D. Manuar of Injury (Signed) M. D. M.		Ct Ward
3. SEX 4. CQLOR OR RACE 5. SIGGE_MARRIED, WIDOWED 5. II married, widowed, or divorced (O) VIEE of Month) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 137 148 158 158 16. DATE OF BIRTH (month, day, and year) 17. AGE Years Months 159 16. DATE OF BIRTH (month, day, and year) 17. AGE Years Months 18. Trada, profession, or particular SAVYER, BOOKKEPER, etc. 10. One deceased last worked at this occupation (month end year) 10. One deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURKHPLACE (city or town) (State or country) Where did injury occurred in INDUSTRY, in MONE, or in FUBLIC PLACE. (Address) When the principle will be precised at the country of the c	(Usual place of abode)	
59. If married, widowed, or divorced HUSBANO of HUSBANO	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of Miles and years 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 1 tast wh	3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIOOWED, OR BY ORCED (price the word)	tingues 4 193
7. AGE Years Months 1 day,hrs. ormin. 2. Trada, profession, or particular were as SPINNER SAWVER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAMVER, BOOKKEPER, etc. 10. Oate deceased last worked et this occupation (month end year) 11. Total time (years) Spent in this occupation Other Coeffibiotory Causes of justportance: 12. BIRTHPLACE (city or town) (State or capuntry) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT 18. BURLAL CERMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) M. D. 19. UNDERTAKER (Signed) M. D. 19. UNDERTAKER (Signed) M. D. Months 11. ItESS than 1 day,hrs. ormin. 1 the PRINCIPAL CAUSE OF DEATH and related causes of Importance were as Tollows. Oate of minute were as Tollows. Oate of minute (years) Spent in this occupation Other Coeffibiotory Causes of justportance: Oate of minute (years) What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Was disease or injury in any wey related to occupation of decaased? M. D.	HUSBANO of 1 AA 1 AA	22. 1 HEREBY CERTIFY. That I attended deceased from
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TO BUILDING STORY	Okegistrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10. The month and year the deceased last worked at the occupation.

11. The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURDAU	100 B. E.		
Other contributory causes of importance:	d	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. LY, WITH UNFADING INK-THIS IS A PERMAN WRITE PL.

MARGIN RESERVED FOR BINDING

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," ctc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., o: Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.